

Alv. Duek
Flint-Goodridge
Hospital



There are three major health problems among the Negroes in New Orleans, namely, (1) tuberculosis, (2) syphilis and (3) maternal and infant welfare. During 1937 we redoubled our emphasis upon these phases of our work.

TUBERCULOSIS

Tuberculosis is admittedly a disease of poverty, and this fact accounts for its enormous prevalence among Negroes. It is not easily recognizable in its early stages, and thousands of people having the disease are not even aware of it.

"A hospital may be a distinguished institution, no matter what its size. If it is great in spirit, original in its outlook, creative in its service and inspiring in its community relationships, it will assume a definite personality."

Adequate hospitalization requires that there be at least one sanitarium bed for each annual death from tuberculosis. In 1934 there were 391 Negro deaths from tuberculosis in Louisiana, while there were only 162 beds available. Obviously, there were during that year 229 active cases of tuberculosis not isolated and spreading the disease in the community.

Flint-Goodridge with its present facilities and resources cannot think of approaching the problem of hospitalization. However, we have assumed some responsibility for the control of tuberculosis in New Orleans through early diagnosis and voluntary treatment. The Hospital cooperates with the New Orleans Tuberculosis Committee in voluntary treating public school children in the event of furnishing

...days for the care of children. Our plan for tuberculosis tested all

WPA region. There are three major health problems among the Negroes in New Orleans, namely, (1) tuberculosis, (2) syphilis and (3) maternal and infant welfare. During 1937 we redoubled our emphasis upon these phases of our work.

TUBERCULOSIS

Tuberculosis is admittedly a disease of poverty, and this fact accounts for its excessive prevalence among Negroes. It is not easily recognizable in its early stages, and thousands of people having the disease walk the streets without knowing that they are infected. If discovered early, tuberculosis is easily cured, frequently without hospitalization. If it is not discovered before it reaches advanced stages, cure is less likely, and hospitalization becomes necessary. The hospitalization of Negro tuberculosis patients in New Orleans and Louisiana is a real problem. Adequate hospitalization requires that there be at least one sanatorium bed for each annual death from tuberculosis. In 1934 there were 891 Negro deaths from tuberculosis in Louisiana, while there were only 182 beds available. Obviously, there were during that year 709 active cases of tuberculosis not isolated and spreading the disease in the community.

Flint-Goodridge with its present facilities and resources cannot think of approaching the problem of hospitalization. However, we have assumed some responsibility for the control of tuberculosis in New Orleans through early diagnosis and ambulatory treatment. The hospital cooperates with the New Orleans Tuberculosis Committee in tuberculin testing public school children to the extent of furnishing

Under the title "The Major Resistive Properties of the Metals in New Orleans", Lecture 1 (1) Stability and (2) Resistance to Chemical Action, the author discusses the properties of the various metals in New Orleans, and the resistance of the various metals to the action of the atmosphere, water, and soil.

x-rays for the cost of film. Our staff has tuberculin tested all NYA registrants and the students of Dillard and Gilbert Academy. Any of these persons found to have tuberculosis have had our clinic made available to them. Through a contribution from the New Orleans Tuberculosis Committee, we are able to furnish chest x-rays without charge to indigent clinic patients. That the Flint-Goodridge tuberculosis clinic is progressive is indicated by the fact that we established here the first pneumothorax clinic in the city. All of the other major clinics of the city now use this treatment.

Realizing the futility of treating one person without bringing in for examination all the members of his family, and further realizing the importance of isolation, sanitation, ventilation, etc., during 1937 we were able to secure a public health nurse for the tuberculosis clinic whose responsibility it is to bring into clinic all contacts, to see that the doctor's orders are carried out at home and to insist upon regular clinic attendance. As a result, in 1937 the attendance in this clinic increased 62% over 1936.

SYPHILIS

The treatment of syphilis is a long drawn out, expensive procedure requiring from two to three years of intensive treatment when found in its early stages. It requires intelligence and courage to complete a cure for syphilis. The renowned Dr. Joseph Hume once told me that it was a very rare thing for him to be able to keep a patient, even physicians, under treatment long enough to discharge them as cured. It is a tremendous problem to develop in persons of below the average intelligence, as most clinic patients are, sufficient knowledge to understand that while there are no visible signs

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of the disease, it is none the less insidiously pursuing its course.

As in tuberculosis, we have emphasized early diagnosis in syphilis. A blood test is run on every patient entering all clinics, and on all free hospital patients. If the reaction is positive, the patient is referred to the syphilis clinic. A public health nurse also works in this clinic. It is her responsibility to develop an understanding in patients with regard to the necessity for continued treatment and also to bring in for examination all members of the infected person's family. As a matter of accommodating economic factors, through the cooperation of the Louisiana State Board of Health, we were able to provide during the last half of the year free drugs to persons unable to pay the fee of 25¢ per injection. For those persons who work but do not earn enough to secure a private physician, one session of the clinic per week is conducted at night. Members of this clinic staff have accepted regular assignments to speak to parent-teacher groups, clubs, etc., in connection with the general educational program of the New Orleans Social Hygiene Committee.

INFANT AND MATERNAL WELFARE

In 1932 we recognized the hazards involved in the delivery of such a large percentage of babies by midwives. By adding to our staff a social worker whose job it was to form mothers clubs for the purpose of educating women as to the advantage of using a doctor at home, or going to a hospital for childbirth, and by reducing the hospital rate to a fee comparable to that charged by midwives, the number of hospital births at Flint-Goodridge in 1937 was approximately 400% more than in 1932 and 34.2% more than in 1936. The

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following statement as to the trend of colored women toward physicians and hospitals as compared with that of white women reveals that a larger percentage of white babies than colored was delivered by midwives in 1935.

DELIVERIES IN NEW ORLEANS BY PERCENTAGES OF PLACE AND COLOR

	<u>HOSPITALS</u>		<u>HOMES</u>	
	<u>Physician</u>	<u>Midwives</u>	<u>Physician</u>	<u>Midwives</u>
<u>1932</u>				
White	58.5	24.2		17.3
Colored	65.0	13.3		21.7
<u>1935</u>				
White	70.7	17.2		12.0
Colored	71.6	18.3		10.0

Flint-Goodridge might well conclude that it played some part in bringing about this improvement.

The infant mortality rate in Louisiana, i.e., deaths within the first year, is 54.1% higher among Negro babies than whites. During the past year we have emphasized more than formerly the "well baby clinic". Mothers are requested to bring their babies back to this clinic once each month for inspection and advice. Visits to the pediatric clinic have increased from 1,242 in 1932 and 2,095 in 1936 to 3,623 in 1937.

Although only 10% of the Negro babies born in New Orleans in 1935 were delivered by midwives, the percentage of deliveries by midwives in the rural areas of Louisiana in the same year was 89.9. Since it is difficult to get physicians to practice in the rural parishes, it is obvious that midwifery will continue. An effort should be made to develop graduate nurses as midwives. There is no school of midwifery in the entire South. It might therefore be well for Flint-Goodridge to consider offering such training. This possibility is presently being discussed with the United States Children's Bureau.

GROUP HOSPITALIZATION INSURANCE

Our ambition to conduct a plan whereby groups of employed persons may secure hospitalization when needed for a fixed annual premium within the reach of persons with low income has proved to be practical and desirable from the point of view of the subscriber and the hospital. As will be seen from the schedule below, \$3.65 per year - A-Penny-A-Day - is sufficient to support the plan. We now have enrolled 63 groups covering 2,436 persons. We have not used any of the subsidy provided by the Julius Rosenwald Fund, and at December 31 there was a reserve of \$408.04 in addition to that grant. The operation of this plan had considerable influence upon the increase of hospital occupancy during 1937. The idea was difficult to sell in the first year, but as more people know of its advantages, we are confident of an increased volume of subscribers, thereby creating a greater demand for hospitalization on a pay basis.

MEMBERSHIP

Contracts Issued	1,946
Cancellations	<u>489</u>
Contracts in Force	1,457
Dependents Covered	1,381
Cancellations	<u>402</u>
Dependents Covered	979
TOTAL PERSONS PROTECTED	2,436

EARNINGS

Fees Collected \$ 4,903.02 \$ 4,903.02

EXPENDITURES

Hospital Services	\$ 2,246.70
Administration Expenses	<u>2,248.28</u>
Total Expenditures	4,494.98
Operating Gain	408.04
Rosenwald Grant	4,500.00
Cash on Hand	<u>4,908.04</u>
	<u><u>\$ 4,908.04</u></u>

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criticism by the nation **ROSENWALD FUND GRANTS \$22,000** to further improve

In January we received a grant of \$4,000 from the Julius Rosenwald Fund, and in April this amount was supplemented by \$18,000, this \$22,000 grant to be used for the development of professional personnel and the extending of clinic services as outlined in a request which we made of the Fund on December 1, 1936. The funds are to be used over a period of three years and include (1) an annual fellowship for postgraduate study; (2) the support of three residencies, namely: (a) Urology and Syphilis, (b) Medicine and (c) Eye, Ear, Nose and Throat; (3) the support of a public health nurse in three clinics, namely: (a) Syphilis, (b) Tuberculosis and (c) Obstetrics and Pediatrics; (4) the support of clinical teaching in the tuberculosis clinic; (5) the establishment of a dental clinic; and (6) fellowship for record room study, for study in x-ray, anaesthesia, etc.

As a result of the Rosenwald grant, we have established a dental clinic with all new equipment. The clinic is under the direction of Dr. Joseph P. Wahl who has had many years of teaching experience and is recognized as one of the outstanding oral surgeons of the city. Dr. Wahl has two Junior Consultants and a staff of nine Negro dentists associated with him.

Dr. C. H. D. Bowers, Senior Associate in the Department of
Medicine, is studying for twelve months at the New York University

Or School of Medicine and Bellevue Hospital.

Miss Sara Reid who is now in charge of our Record Room was given a fellowship for training at Strong Memorial Hospital of the University of Rochester. The securing of a more qualified Record Librarian strengthens us at a point which had been subject to

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criticism by the rating agencies. The department needs further improvement.

In July Dr. F. T. Jones who since the beginning of the new hospital has served as Roentgenologist was also appointed as Anaesthetist, after having studied on fellowship. Our former practice had been for internes to administer anaesthetics.

Several additional members of the hospital personnel have done further study during the year. Miss E. Ophelia Settle, Director of Social Service, was given a leave of absence September 1 for a year of postgraduate study at the New York School of Social Work. Mrs. Eola Lyons Taylor, Director of Nursing, was given a six weeks' leave of absence during which time she observed nursing practices and technique at the University of Minnesota, the University of Wisconsin and at the several hospitals forming the Mayo Clinics. During the summer the Superintendent visited each of the Negro hospitals in the United States, which are approved by the American College of Surgeons, for the purpose of acquiring through observation methods of improving the work of Flint-Goodridge.

OTHER CONTRIBUTIONS

In December, \$1,083.04 representing 25% of a legacy left to the hospital by Mrs. Cora Edgar Haynes was received from the Canal Bank in Liquidation. At the same time \$64.06 was received from the old New Orleans Colored Hospital Association which merged its resources with the campaign to build the new hospital. This money also represented a payment from the Canal Bank in Liquidation. A third legacy of \$50.00 came to the hospital from Miss Mattie C. Cross of Houma, Louisiana. Both Mrs. Haynes and Mrs. Cross were colored.

orderlies are used by all New Orleans hospitals. The course was

For the first five years Dr. I. I. Lemann was responsible for a hundred dollar contribution annually for the purchase of medical journals. Mrs. Lemann has very graciously continued this gift. We have also received from Dr. Lemann's private library 160 volumes of medical books.

Dr. Enos H. Bigelow, a retired physician of Framingham, Massachusetts, heard about the work of the hospital through a Congregational Church meeting and contributed his medical library consisting of 75 volumes.

Many useful articles of hospital supplies, garments and thousands of surgical dressings, all of which were very helpful in our services to free patients, were received from the Women's Societies of the Congregational Churches in the North and West. They also sent a total of \$143.65 in cash.

NYA TRAINING PROJECTS

Beginning in January we have conducted a training course for nurse maids in cooperation with the National Youth Administration. The course includes classroom and practical instruction in such matters as personal hygiene, the proper care of dishes, ice boxes, baby bottles, clothing, bedding, the preparation of ordinary formulae, the general care of the sick room, the preparation of surgical dressings, answering telephones properly and proper methods of ordinary house cleaning. One hundred twenty-two young women who are receiving NYA assistance have been included in this project. Our aim is to prepare them for work as maids in hospitals or in private homes.

In April we began a project with young men receiving NYA assistance for training in work as hospital orderlies. Colored orderlies are used by all New Orleans hospitals. The course was

STORYTELLING FESTIVAL AUSTRALIA

designed to train unemployed young men to qualify for these jobs. They are given lectures and practical instruction in services to patients, elevator operation, gardening, care of floors, walls and windows, proper disposal of waste and garbage and in painting and general repairs. Twenty-six young men have been included in this course. Each orderly employed at Flint-Goodridge since the course began has come from this group.

A supervisor is placed at the hospital by the NYA to supervise these projects. While the hospital has contributed to the training of these young people, they in turn have rendered very valuable services. Acknowledgment is also made of the assistance given by the NYA through the assigning of persons to work in our offices, laboratories and dietary department. Almost all hospital sewing has been done by the NYA sewing project.

Three other persons were given opportunities for training in the hospital during the year. A dietetic internship was given to one young lady who immediately upon completion of her course was employed by St. Agnes Hospital, Raleigh, North Carolina. Another young lady was taken into our medical record room to be trained for a job at Parkside Hospital, Detroit. A third person, employed as an X-ray Technician in Knoxville, spent six weeks observing in our X-ray Department in an effort to improve her technique.

POSTGRADUATE COURSE FOR PHYSICIANS

In June we conducted the second postgraduate course for physicians. Forty-five physicians from five states attended the course which ran for two weeks. The emphasis in 1937 was upon tuberculosis and syphilis, and most of the time was given to these subjects.

Employed in high-grade mines and comes from the coal fields of West Virginia, Kentucky, Tennessee, and the Carolinas. It is a hard, durable, and very fine-grained stone, with a high polish and a light color, ranging from cream to light brown. It is used for building, paving, and decorative purposes, and is also used in the manufacture of lime and cement. It is a good material for the construction of roads, bridges, and buildings, and is also used in the manufacture of lime and cement. It is a good material for the construction of roads, bridges, and buildings, and is also used in the manufacture of lime and cement.

POSTGRADUATE COURSE FOR PHYSICIANS

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The faculty was composed principally of professors of the Tulane University and Louisiana State University Medical Schools, supplemented by Dr. T. K. Lawless, a member of the faculty of the Northwestern University Medical School, and Dr. Laurie L. Allen, Chief of the Tuberculosis Division in the Milwaukee County Dispensary. The Medical Advisory Board is of the opinion that the course effectively serves a great need and that it should be continued. Plans are now being made for the 1938 course.

THE WOMAN'S AUXILIARY

One of the groups interested in Flint-Goodridge is the Woman's Auxiliary composed of approximately two hundred women who in many ways work with the hospital in interpreting its program to the community as well as assisting the hospital financially. The Auxiliary assumes responsibility for the sponsoring of an annual tea to which the public is invited, a Christmas party for clinic children and the observance of National Hospital Day. They have given several articles of equipment from time to time, and very recently presented the hospital with an incubator which was very much needed in the care of prematurely born infants. These women also sponsor the beautification of the hospital lawn through the purchase of flowers and shrubbery.

DR. LEMANN AND MR. HOWARD

In the passing of Dr. Lemann and Mr. Howard Flint-Goodridge
has suffered irreparable losses.

Dr. I. I. Lemann was a member of the original Medical Advisory Board elected by the Board of Trustees on March 28, 1931. Upon the death of Dr. C. Jeff Miller March 21, 1936, Dr. Lemann was elected Chairman of the Medical Advisory Board and served in this capacity

until his death on September 1, 1937. Dr. Lemann also served as Senior Consultant to the Department of Medicine from the beginning of the hospital until his death.

The postgraduate course for physicians appealed strongly to Dr. Lemann, and it was very largely through his interest, and that of the other members of the Medical Advisory Board, that Flint-Goodridge was able to secure many of the best teachers from the two local medical schools to conduct the course.

The point at which Dr. Lemann was of inestimable value to the hospital was his depth of understanding of the problems confronting Negro doctors and his ability to win his associates on the consulting staff to a sympathetic understanding of the peculiar contribution which they might make.

Mr. Alvin P. Howard was one of the original Trustees. He served as Treasurer of the Board, and his interest and active participation in the financial management were of great value. He also served as Chairman of the Building Committee during the construction of the hospital and the university. As a member of the Hospital Committee his interest in all phases of the development of Flint-Goodridge was always evident.

Much of the spirit of these two friends has gone into the making of the hospital. Their passing is a loss which shall not soon be recovered.

After the death of Dr. Lemann, Dr. A. J. Hockett who had previously served as Secretary of the Medical Advisory Board was asked to serve as Chairman Pro Tem. In December, Dr. J. H. Musser, Professor of Medicine, Tulane University School of Medicine, was

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as before on a named, Dr. Lemann, no longer in the
university and not entitled to receive compensation
from the hospital. Dr. Lemann left to

begin a new practice in the city of New Orleans.

Dr. Lemann's practice was established in 1932 and
is now the largest in the city of New Orleans. The
new practice is located in the city of New Orleans.

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elected to succeed Dr. Lemann as a member of the Medical Advisory
Board and as Senior Consultant to the Department of Medicine.

VOLUME OF WORK INCREASES

In every department of the hospital the volume of work was
greater in 1937 than in any previous year. The total number of indi-
viduals served in 1937 was 63.2% over 1932 and 31.0% above 1936.

TOTAL INDIVIDUAL PATIENTS SERVED

	1935	1936	1937
Hospital	1,525	1,679	2,118
Clinic	3,698	3,165	5,439
Emergency	1,357	1,735	1,987
Total	6,580	6,579	9,544

The increase in hospital patients was largely in the pay
group, as will be seen from the following schedules:

HOSPITAL PATIENTS

	1935	1936	1937
Compensation	200	273	350
Other Full Pay	291	415	529
Part Pay	230	224	387
Newly Born	212	181	243
Free	582	586	609
Total	1,525	1,679	2,118

DAYS OF CARE GIVEN

	1935	1936	1937
Compensation	Increased to \$2,591.00	3,035	2,591
Other Full Pay	2,135	2,624	3,400
Part Pay	1,569	1,729	3,274
Newly Born	1,467	1,157	1,592
Free	5,994	5,508	5,469
Total	12,899	14,053	16,326

Average Daily Patients

Percentage of Occupancy Free

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Visitors received and treated were as follows: Dr. persons because of because
patients to the Department of Pediatrics, Gynecology and Obstetrics as well as the
Dental and Eye clinics.

NUMBER OF NEW INCREASES

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HOSPITAL PATIENTS SERVED

1936	1937	1938
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1,111,3	1,111,3	1,252,1
1,111,4	1,111,4	1,252,1
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1,111,51	1,111,51	1,252,1
1,111,52	1,111,52	1,252,1
1,111,53	1,111,53	1,252,1
1,111,54	1,111,54	1,252,1
1,111,55	1,111,55	1,252,1
1,111,56	1,111,56	1,252,1
1,111,57	1,111,57	1,252,1
1,111,58	1,111,58	1,252,1
1,111,59	1,111,59	1,252,1
1,111,60	1,111,60	1,252,1
1,111,61	1,111,61	1,252,1
1,111,62	1,111,62	1,252,1
1,111,63	1,111,63	1,252,1
1,111,64	1,111,64	1,252,1
1,111,65	1,111,65	1,252,1
1,111,66	1,111,66	1,252,1
1,111,67	1,111,67	1,252,1
1,111,68	1,111,68	1,252,1
1,111,69	1,111,69	1,252,1
1,111,70	1,111,70	1,252,1
1,111,71	1,111,71	1,252,1
1,111,72	1,111,72	1,252,1
1,111,73	1,111,73	1,252,1
1,111,74	1,111,74	1,252,1
1,111,75	1,111,75	1,252,1
1,111,76	1,111,76	1,252,1
1,111,77	1,111,77	1,252,1
1,111,78	1,111,78	1,252,1
1,111,79	1,111,79	1,252,1
1,111,80	1,111,80	1,252,1
1,111,81	1,111,81	1,252,1
1,111,82	1,111,82	1,252,1
1,111,83	1,111,83	1,252,1
1,111,84	1,111,84	1,252,1
1,111,85	1,111,85	1,252,1
1,111,86	1,111,86	1,252,1
1,111,87	1,111,87	1,252,1
1,111,88	1,111,88	1,252,1
1,111,89	1,111,89	1,252,1
1,111,90	1,111,90	1,252,1
1,111,91	1,111,91	1,252,1
1,111,92	1,111,92	1,252,1
1,111,93	1,111,93	1,252,1
1,111,94	1,111,94	1,252,1
1,111,95	1,111,95	1,252,1
1,111,96	1,111,96	1,252,1
1,111,97	1,111,97	1,252,1
1,111,98	1,111,98	1,252,1
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1,111,105	1,111,105	1,252,1
1,111,106	1,111,106	1,252,1
1,111,107	1,111,107	1,252,1
1,111,108	1,111,108	1,252,1
1,111,109	1,111,109	1,252,1
1,111,110	1,111,110	1,252,1
1,111,111	1,111,111	1,252,1
1,111,112	1,111,112	1,252,1
1,111,113	1,111,113	1,252,1
1,111,114	1,111,114	1,252,1
1,111,115	1,111,115	1,252,1
1,111,116	1,111,116	1,252,1
1,111,117	1,111,117	1,252,1
1,111,118	1,111,118	1,252,1
1,111,119	1,111,119	1,252,1
1,111,120	1,111,120	1,252,1
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1,111,122	1,111,122	1,252,1
1,111,123	1,111,123	1,252,1
1,111,124	1,111,124	1,252,1
1,111,125	1,111,125	1,252,1
1,111,126	1,111,126	1,252,1
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1,111,128	1,111,128	1,252,1
1,111,129	1,111,129	1,252,1
1,111,130	1,111,130	1,252,1
1,111,131	1,111,131	1,252,1
1,111,132	1,111,132	1,252,1
1,111,133	1,111,133	1,252,1
1,111,134	1,111,134	1,252,1
1,111,135	1,111,135	1,252,1
1,111,136	1,111,136	1,252,1
1,111,137	1,111,137	1,252,1
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1,111,142	1,111,142	1,252,1
1,111,143	1,111,143	1,252,1
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1,111,158	1,111,158	1,252,1
1,111,159	1,111,159	1,252,1
1,111,160	1,111,160	1,252,1
1,111,161	1,111,161	1,252,1
1,111,162	1,111,162	1,252,1
1,111,163	1,111,163	1,252,1
1,111,164	1,111,164	1,252,1
1,111,165	1,111,165	1,252,1
1,111,166	1,111,166	1,252,1
1,111,167		

SOME PERTINENT FIGURES

		<u>1935</u>	<u>1936</u>	<u>1937</u>
1. <u>Cost Per Patient Day (1)</u>				
A. All Patients	\$3.23	\$3.19	\$3.20	
B. Excluding Newly Borns	\$3.64	\$3.48	\$3.55	
2. Cost Per Clinic Visit (2)	27.7¢	35.3¢	30.8¢	
3. Prepared Meal Cost	14.6¢	17.6¢	23.4¢	
4. <u>Average Days Stay</u>				
(a) All Patients	8.5	8.4	7.7	
(b) Compensation	8.7	11.1	7.4	
(c) Other Full Pay	7.4	6.3	6.4	
(d) Part Pay	6.7	7.7	8.3	
(e) Free	11.9	9.4	8.8	
5. <u>Individuals Admitted to Each Clinic</u>				
Medicine	822	707	721	
Surgery	734	697	617	
Pediatrics	751	626	1,339	
Gynecology & Obstetrics	584	477	478	
Urology	163	170	166	
Ear, Nose, Throat	368	339	373	
Eye	171	149	286	
Dental	-	-	713	
Special	105	200	746	
Total	3,698	3,165	5,439	
6. Percent Free Clinic Visits (3)	81%	54.1%	17.4%	
7. Free Patients Admitted for Clinical Study				
Medicine	55	59	38	
Surgery	101	146	140	
Pediatrics	95	103	92	
Gynecology & Obstetrics	223	173	150	
Urology	13	14	20	
Ear, Nose, Throat	81	85	166	
Eye	14	6	2	
Dentistry	-	-	1	
Total	582	586	609	
8. Special Services Rendered Patients Treated				
Surgical Operations	639	743	994	
X-ray Pictures	560	620	1,066	
Laboratory Tests	14,147	12,918	10,668	
Prescriptions Filled	3,656	4,274	5,797	

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	<u>1935</u>	<u>1936</u>	<u>1937</u>
9. Births	212	181	243
10. Deaths	49	55	74
11. Percent Post Mortems	16.3%	32.7%	13.5%
12. <u>Cost of Free Services</u>			<u>1937</u>
(a) Hospital Patients			\$19,123.23
(b) Clinic Patients			4,819.29
(c) Clinical Teaching			4,500.00
(d) Emergency Cases			2,712.95
Total Contribution in Free Services			\$31,155.47

Total Contribution in Free Services

(1) Does not include services for which a fee is charged in addition to regular day rate.

(2) Does not include cost of clinical teaching or services which are not covered by the 10¢ fee.

(3) Up to August, 1936 our clinic fee was 25¢ per visit. We reduced the fee to 10¢, insisted upon payment, and as a result, we show a tremendous decline in percentage of free visits.